



TEXAS BOARD OF PROFESSIONAL LAND SURVEYING

12100 Park 35 Circle, Building A, Suite 156, MC-230, Austin TX 78753

www.tpls.texas.gov

Phone: (512) 239-5263 Fax: (512) 239-5253

Office Use Only
Trans. # (RPLS)
Entity #
Receipt #

Registered Professional Land Surveyor Exam Application

- Read the Candidate Guidelines, the Act, and the Rules before submitting this application.
- Please print neatly using black ink.
- All questions must be answered. Failure to complete any portion of the application, or submit any of the other subsequent requirements, will disqualify the application from Board review.
- Submit the original, completed application to the Board office. Retain a photocopy for your records.
- Applications must be accompanied by the application fee as a cashier's check or money order made payable to the Board in the amount of **one hundred twenty-eight dollars and sixty-nine cents (\$128.69)**. This fee and is a one-time payment and does not include your exam fee. **Personal checks will not be accepted. All fees are non-refundable.**

1. General Information

Date _____

1. Full Name

Last _____ First _____ Middle _____

2. Social Security # _____ Driver's License # _____

3. Address:

Street _____

City _____ State _____ Zip _____

County _____

Mailing Address (if different):

Street _____

City _____ State _____ Zip _____

County _____

Attach a recent,
passport type
photograph in this
box. Trim
photograph to fill the
space.

Use ballpoint pen to
sign and date
photograph.

4. E-mail Address _____

5. Business Firm Name _____

Firm Number _____

Street or P. O. Box _____

City _____ County _____ State _____ Zip _____

6. Telephone Numbers (Include area code)

Residence () _____ Business () _____

7. Date of Birth _____ Place of Birth _____

8. Resident of Texas? ☐ Yes ☐ No If No, where? _____

Are you a US Citizen? ☐ Yes ☐ No If No, give INS Status _____ Card # _____

9. Have you ever applied for registration as a Professional Land Surveyor or certification as a Surveyor In Training in the state of Texas? If so when and with what result: _____

10. Under which Sub Section of 1071, Professional Land Surveying Practices Act, are you applying?

☐ 254 (RPLS) ☐ 259 (Reciprocal)

2. Registration Other Than Under This Act

Are you registered as a Surveyor in Other States? ___ If yes, complete the information below (*PLEASE NOTE: If you are applying to take the Reciprocal Examination, you will be required to submit a License Verification Form from each state mentioned below):

State _____ By exam _____ Hours of Exam _____ Registration No _____ Date Registered _____ Expiration _____

State _____ By exam _____ Hours of Exam _____ Registration No _____ Date Registered _____ Expiration _____

State _____ By exam _____ Hours of Exam _____ Registration No _____ Date Registered _____ Expiration _____

Are you Registered/Licensed in any other profession? _____ If yes, complete the information below:

Profession _____ State _____ Registration No _____ Date Registered _____ Expiration _____

Have any of your Registrations/Licenses been revoked or received disciplinary action? _____

If yes, you must explain the complete situation on a separate sheet of paper and attach it to this application.

3. Professional Surveying Experience

(Applicant should make sure qualifications for certification or registration meet the provisions of the Professional Land Surveying Practices Act)

Sub-Professional Work includes, but is not limited to, the time spent as chain man, rod man, instrument man, statistician, recorder, draftsman, or similar work; and also the time spent on work where the personal responsibility and technical knowledge required are minimal, for example, minor positions in which the task is set and supervised by a superior (see column 2 below).

Delegated Responsible Charge of Work means the direct control of professional land surveying work performed under the supervision of a Registered Professional Land Surveyor (see column 3 below).

- (a) In the field, the applicant must have had the direction of work, the successful accomplishment of which rested upon the applicant, where decision questions involve the method of execution without relying upon advice or instructions from supervisors.
- (b) In the office, the applicant must have had to undertake tasks demanding resourcefulness, originality, initiative, professional skill and independent judgment, such as:
 - (1) Conducting record research
 - (2) Analyzing survey data and preparing metes and bounds descriptions
 - (3) Computations and drafting using only rough sketches, general information, and field measurements for reference and guidance.

Separate your time by percentage of **SUB-PROFESSIONAL** experience and **DELEGATED RESPONSIBLE CHARGE TIME** served under each employment. The Professional Land Surveying Practice Act does not govern any aspect of engineering and no credit will be given to any time spent in Engineering.

APPLICANT SHOULD COMPLETE ALL COLUMNS. INFORMATION IN COLUMNS 1 THRU 3 MUST BE STATED IN YEARS PLUS MONTHS. (Example: 2 yrs. 8 mos.)

Employment and Experience Information. (Numbered answers **must** correspond to numbered questions.)

(If time breaks occurs between surveying employment; indicate general nature of occupation)

1. Name of Employer
2. Employer's Address
3. Title(s) of your position(s) and date(s) each title is obtained
4. Name and present address of Registered Professional Land Surveyor with the most personal knowledge of your delegated responsible charge time, or surveying experience, during this employment.
5. Character of work performed by you and extent of your responsibility. **EXPERIENCE AND RESPONSIBILITY MUST BE SHOWN IN DETAIL.**
6. Percentage of delegated responsible charge time in non-professional land surveying activities
7. Percentage of delegated responsible charge time in professional land surveying

You are welcome to submit as many of the following pages as you need to list your complete work history.

Date		Numbered Answers must correspond to Questions above Any Additional information should be made by attachments	Time (Years and Months)		
From Month Day Year	To Month Day Year		(1) Total Time (Actual) Yrs. Mos.	(2) In Sub- Professional Work (Actual) Yrs. Mos.	(3) In Responsible Charge Work (Actual) Yrs. Mos.
		1. _____ 2. _____ _____ 3. _____ _____ 4. _____ _____ 5. _____ _____ _____ _____ 6. _____ _____ 7. _____ _____			
Date		Numbered Answers must correspond to Questions above Any Additional information should be made by attachments	Time (Years and Months)		
From Month Day Year	To Month Day Year		(1) Total Time (Actual) Yrs. Mos.	(2) In Sub- Professional Work (Actual) Yrs. Mos.	(3) In Responsible Charge Work (Actual) Yrs. Mos.
		1. _____ 2. _____ _____ 3. _____ _____ 4. _____ _____ 5. _____ _____ _____ _____ 6. _____ _____ 7. _____ _____			

Date		Numbered Answers must correspond to Questions above Any Additional information should be made by attachments	Time (Years and Months)		
From Month Day Year	To Month Day Year		(1) Total Time (Actual) Yrs. Mos.	(2) In Sub- Professional Work (Actual) Yrs. Mos.	(3) In Responsible Charge Work (Actual) Yrs. Mos.
		1. _____ 2. _____ _____ 3. _____ _____ 4. _____ _____ 5. _____ _____ _____ _____ 6. _____ 7. _____ _____ _____			
Date		Numbered Answers must correspond to Questions above Any Additional information should be made by attachments	Time (Years and Months)		
From Month Day Year	To Month Day Year		(1) Total Time (Actual) Yrs. Mos.	(2) In Sub- Professional Work (Actual) Yrs. Mos.	(3) In Responsible Charge Work (Actual) Yrs. Mos.
		1. _____ 2. _____ _____ 3. _____ _____ 4. _____ _____ 5. _____ _____ _____ _____ 6. _____ 7. _____ _____ _____			

4. References of Character and Qualifications

In addition to the Registered Professional Land Surveyors you have listed in answer to Question 4 in Section 3 of this application, list below any Registered Professional Land Surveyors you wish to use as additional references.

Name	Address	Business Relationship To Applicant	Has Known Applicant Since
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

5. Education

(Certified Transcripts of College Courses Must Be Filed With Application)

Name and Location of Institution	Years From-To	Date Graduated	Field of Study	Type of Degree
High School				
College or University				
Correspondence Courses and/or Seminars (Applicants applying under Section 253 (5) Must show self-education in this space.)				

6. Application Check List

The following check list includes all required aspects of the application process. Please check off items as they are completed/collected before submitting your application to the office.

- ☐ I have read the Candidate Guidelines and familiarized myself with the Act and Rules.
- ☐ I have completed the education and/or experience required by the section of the Act under which I am applying.
- ☐ All sections of my application are complete and my signature is included on the last page.
- ☐ My "passport-type" photo is signed and attached to the front page of my application.
- ☐ I have completed all five Compliance Verification Forms, had them signed by my designated RPLS, and the hours listed on the forms add up to 4000.
- ☐ My Character, Reputation, and Fitness Form has been completed and sent to the Board office. I have submitted a summary, including any rehabilitation, of my arrest record in Texas (when applicable).
- ☐ I have submitted two sample surveys (one rural- metes and bounds- and one urban- lot and block) that I have constructed using the minimum standards set by the Texas Board, including a list of all research documents I used to construct each sample, both electronically (via CD, flash drive, or email- natalie.jackson@txls.texas.gov) and in hard copy format.
- ☐ My designated RPLS has reviewed my sample surveys before I submit them.
- ☐ I have submitted my official transcripts that support the completion of my four year degree and my 32 hours of Board approved course work.
- ☐ I have completed and submitted the Approved Course Checklist.
- ☐ A cashier's check, or money order, for the amount of \$128.69 is included with this application.

PLEASE NOTE THE FOLLOWING:

Submitting this application will authorize the Board to check your criminal background through the Department of Public Safety.

You will be required to pay a separate examination fee of \$150.00 if your application is approved and you choose to take the exam.

All application materials must be submitted by the deadline of January 15, for the April exam, and July 15, for the October exam.

Only complete applications will be considered for approval by the Board. The Board reviews applications twice a year though you are welcome to send in your application, or any of the required materials, to the office at any time.

7. Certification

I hereby certify under penalty of perjury that the information contained herein is true and correct to the best of my knowledge, information and belief.

Signature

Date

Printed Name